PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction			irea to re	espond to a collection	n of info				number	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						Complete if Known 10/581,287 Cor				
FEE TRANSMITTAL		Application Number				Conf. No.: 31	12			
For FY 2009						February 06, 2007				
FOT F 1 2009				THE THE THE THE			Noboru SAKAGUCHI			
Applicant claims small entity status. See 37 CFR 1.27					S. C. Hoffman					
TOTAL AMOUNT OF PAYM	IENT (\$) 130.0			7.11. 01.11.		1655 1422-0719PUS1				
				Attorney Docke	1422-0719	PUS1	A-volument			
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s)										
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization o	n PTO-2038.							W		
FEE CALCULATION										
1. BASIC FILING, SEARC				OU FEE		MALATION	1.5550			
	FILING F <u>s</u> ı	mall Entity	SEAR	CH FEES Small Entity	EXA	MINATIO1 Small	N FEES Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$) <u>Fee (\$)</u>			⊋ (\$)	Fees Paid (<u>\$)</u>	
Utility	330	165	540	270	22	0 11	.0			
Design	220	110	100	50	14	0 7	0			
Plant	220	110	330	165	17	0 8	35			
Reissue	330	165	540	270	65	0 32	2.5		_	
Provisional	220	110	0	0		0	0			
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)										
Each claim over 20 (including Reissues) 52								26		
Each independent claim over 3 (including Reissues) 220								110		
Multiple dependent claims <u>Total Claims</u>						B.4	390	195		
			0.00			Multiple Dependent Claims Fee (\$) Fee Paid (\$)				
HP = highest number of total of	•	, if greater than 20.				-				
Indep. Claims 3 or HP =	Extra Claim 0	s <u>Fee (\$)</u> _ x		<u>Paid (\$)</u> 0.00					_	
HP = highest number of indepe										
3. APPLICATION SIZE F If the specification and of		vosed 100 sheet	o of no	per (evoluding s	Jactro	sionlly file	ad saguan	a or computer		
listings under 37 CF										
sheets or fraction the	reof. See	35 U.S.C. 41(a)	(1)(G)	and 37 CFR 1.1	.6(s).		• /			
<u>Total Sheets</u> - 100 =	Extra Sheet	<u>Numbe</u> / 50 =	r of eac 0	fround up to a v			Fee (<u>Fee Pai</u> = 0.00		
100 =0 / 50 =0 (round up to a whole number) x =0.00										
Non-English Specification, \$130 fee (no small entity discount)									11G (\$)	
Other (e.g., late filing surcharge): First Month Extension of Time									00	
SUBMITTED BY	1									
								703-205-8000		
							Date November 8, 2010			
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



